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Sub	Substitute for form 1449/PTO				Complete if Known		
				Application Number	10/759,298-Conf. #7183		
IN	IFORMATIO	N DI	SCLOSUR	Filing Date	January 20, 2004		
S	TATEMENT	BY A	APPLICAN'	First Named Inventor	Shunichi SEKIGUCHI		
				Art Unit	2621		
	(Use as many s	heets as	necessary)	Examiner Name	T. T. Vo		
Sheet	1	of	1	Attorney Docket Number	2565-0277P		

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Examiner Initials*	Cite No.1	Document Number Number-Kind Code ² (# known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
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No.1	the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
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Examiner (T) (-/ (00/04/0000)	Date	
Signature /Tung Vo/ (09/04/2009)	Considered	09/04/2009

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.

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